

TRANSMITTAL FORM

Attorney Docket No.
STL920000089US1/1914PIn re the application of: **Jennie CHING, et al.**Confirmation No: **4574**Serial No: **09/784,865**Group Art Unit: **2162**Filed: **February 15, 2001**Examiner: **Fleurantin, Jean B.**For: **Method and System for File System Synchronization Between A Central Site And A Plurality of Remote Sites**

ENCLOSURES (check all that apply)

| | | | | | |
|--------------------------|-------------------------------------|--|--|-------------------------------------|---|
| <input type="checkbox"/> | Amendment/Reply | <input type="checkbox"/> | Assignment and Recordation Cover Sheet | <input type="checkbox"/> | After Allowance Communication to Group |
| <input type="checkbox"/> | After Final | <input type="checkbox"/> | Part B-Issue Fee Transmittal | <input type="checkbox"/> | Notice of Appeal |
| <input type="checkbox"/> | Information disclosure statement | <input type="checkbox"/> | Letter to Draftsman | <input type="checkbox"/> | Appeal Brief |
| <input type="checkbox"/> | Substitute Form 1449 | <input type="checkbox"/> | Drawings | <input checked="" type="checkbox"/> | Reply Brief |
| <input type="checkbox"/> | Reference Copies | <input type="checkbox"/> | Petition | <input type="checkbox"/> | Postcard |
| <input type="checkbox"/> | Extension of Time Request * | <input type="checkbox"/> | Fee Address Indication Form | <input type="checkbox"/> | Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> | Express Abandonment | <input type="checkbox"/> | Terminal Disclaimer | | |
| <input type="checkbox"/> | Certified Copy of Priority Doc | <input type="checkbox"/> | Power of Attorney and Revocation of Prior Powers | | |
| <input type="checkbox"/> | Response to Incomplete Appln | <input type="checkbox"/> | Change of Correspondence Address | | |
| <input type="checkbox"/> | Response to Missing Parts | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to . | | | |
| <input type="checkbox"/> | Executed Declaration by Inventor(s) | | | | |

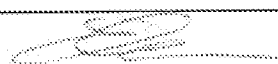
CLAIMS

| FOR | Claims Remaining | Highest # of Claims Previously Paid For | Extra Claims | RATE | FEE |
|--------------------|------------------|---|--------------|------------|---------|
| Total Claims | 15 | 20 | 0 | \$ 50.00 | \$ 0.00 |
| Independent Claims | 3 | 3 | 0 | \$200.00 | \$ 0.00 |
| | | | | Total Fees | \$ 0.00 |

METHOD OF PAYMENT

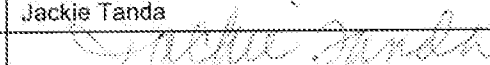
| | |
|-------------------------------------|---|
| <input type="checkbox"/> | Check no. _____ in the amount of \$ _____ is enclosed for payment of fees. |
| <input type="checkbox"/> | Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees. |
| <input checked="" type="checkbox"/> | Charge any fees or credit any overpayment to Deposit Account No. <u>09-0460</u> (IBM Corporation) |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|---------------|---|
| Attorney Name | Erin C. Ming, Reg. No. 47,797 |
| Signature |  |
| Date | October 10, 2006 |

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted via the USPTO-EFS-Web on 10/10/2006.

| | |
|----------------------|---|
| Type or printed name | Jackie Tanda |
| Signature |  |